

2014 California Resident Income Tax Return

540 2EZ

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional information (See instructions)					
<input type="text"/>					
Street address (Number and street) or PO Box			Apt. no/Ste. no.	PMB/Private Mailbox	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
City (If you have a foreign address, see instructions.)			State	ZIP Code	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Foreign Country Name		Foreign Province/State/County		Foreign Postal Code	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

Date of Birth	Your DOB (mm/dd/yyyy)		Spouse's/RDP's DOB (mm/dd/yyyy)
●	<input type="text"/>	●	<input type="text"/>

Prior Name	If you filed your 2013 tax return under a different last name, write the last name only from the 2013 tax return.	
	Taxpayer	Spouse/RDP
●	<input type="text"/>	●
	<input type="text"/>	<input type="text"/>

Filing Status Filing Status. Check the box for your filing status. See instructions.

Check only one.

- 1 ☐ Single
- 2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income)
- 4 ☐ Head of household. STOP! See instructions.
- 5 ☐ Qualifying widow(er) with dependent child. Year spouse/RDP died.

If your California filing status is different from your federal filing status, check the box here ● ☐**Exemptions**

- 6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return, even if he or she chooses not to, you **must** see the instructions. ● 6 ☐
- 7 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 7 ☐
- 8 **Dependents: (Do not include yourself or your spouse/RDP)** Enter number of dependents here. ● 8 ☐

First name	Last name	Dependent's relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your name:

Your SSN or ITIN:

**Taxable
Income and
Credits**

Whole dollars only

- 9 Total wages (federal Form W-2, box 16). See instructions. ● 9 .00
- 10 Total interest income (Form 1099-INT, box 1). See instructions. ● 10 .00
- 11 Total dividend income (Form 1099-DIV, box 1a). See instructions. ● 11 .00
- 12 Total pension income . See instructions. Taxable amount. ● 12 .00
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).
See instructions. ● 13 .00
- 14 Unemployment compensation ● 14 .00
- 15 U.S. social security or railroad retirement benefits. ● 15 .00
- 16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include
line 14 and line 15.** ● 16 .00
- 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16.
Caution: If you checked the box on line 6, **STOP**. See instructions for
completing the Dependent Tax Worksheet. ● 17 .00
- 18 Senior exemption: See instructions. If you are 65 or older and entered 1 in the
box on line 7, enter \$108. If you entered 2 in the box on line 7, enter \$216. . . . ● 18 .00
- 19 Nonrefundable renter's credit. See instructions. ● 19 .00
- 20 **Credits.** Add line 18 and line 19. 20 .00
- 21 **Tax.** Subtract line 20 from line 17. If zero or less, enter -0- ● 21 .00
- 22 Total tax withheld (federal Form W-2, box 17
or Form 1099-R, box 12) ● 22 .00
- 23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22. ● 23 .00
- 24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21.
See instructions. ● 24 .00

Enclose, but do
not staple, any
payment.

**Overpaid
Tax/
Tax Due.**

This space reserved for 2D barcode

Your name:

Your SSN or ITIN:

Use Tax**25**Use tax. **This is not a total line.** See instructions. ● **25**

Voluntary Contributions

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund.	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund.	● 406	<input type="text"/> .00
Emergency Food for Families Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund.	● 410	<input type="text"/> .00
California Cancer Research Fund.	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund.	● 419	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Fund	● 425	<input type="text"/> .00
American Red Cross, California Chapters Fund	● 426	<input type="text"/> .00
California Senior Legislature Fund.	● 427	<input type="text"/> .00
Habitat for Humanity Fund.	● 428	<input type="text"/> .00
California Sexual Violence Victim Services Fund	● 429	<input type="text"/> .00
26 Add amounts in code 400 through code 429. These are your total contributions.	● 26	<input type="text"/> .00

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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